



Client success story

The advantages of telecardiology support: at the heart of saving lives



Telecardiology helps

Support rural hospitals with limited coverage

Better utilize bed capacity

Ease the call burden on providers



Telemedicine has the ability to transform the way cardiology care is delivered.

Craig Walker, MD, Founder,
Cardiovascular Institute of the South

Teladoc Health key differentiators

- 24/7 proactive IT monitoring
- Purpose-built devices
- Ability to easily scale
- Low downtime percentage

Training best practices observed

- One hour of MA training on A/V FAQs
- Training team sits in on initial consults
- Web-side manner coaching
- Cultivating physician champions to share successes

Cardiovascular Institute of the South (CIS) provides comprehensive cardiovascular care at 20 locations across Louisiana and Mississippi. Beginning four years ago, CIS started offering telecardiology services to eight hospitals across Louisiana and surrounding areas with limited cardiology coverage.

Challenge

Through the use of telehealth, CIS cardiologists wanted to provide remote coverage for hospitals, clinics, urgent care centers, and EDs. Complications can arise in patients who are forced to travel many miles to receive care, leading to untreated cardiovascular disease. Bringing care directly to the patient curbs unnecessary transfers of low-acuity patients away from the community and ensures only high-acuity patients end up in high-acuity settings.

CIS also aimed to improve the quality of life for local providers by easing the call burden for the few cardiologists in the region. Additional specialist resources can also help to minimize burnout for ED physicians who might otherwise care for patients who could have been treated at lower acuity locations, such as specialty clinics.

Solution

CIS found many local staff members were uncomfortable treating cardiovascular patients due to the high stakes of outcomes and expertise required. In order to satisfy their staff, CIS emphasized the need to bring a service with real-time audio/video (A/V) communication, rather than just supplemented support.

For a robust telecardiology solution, CIS requested intuitive devices and easy-to-use software. After vetting several telehealth providers, CIS chose to partner with Teladoc Health due to their ability to provide everything CIS needed to start, enhance, and later expand their virtual cardiology offering—all on a single platform.

A hub-and-spoke model was developed to cease treating rural hospitals as islands lacking access to specialty care. With dedicated technology on-site and a call panel of CIS cardiologists, both high-acuity and stable patients were able to be met at their local care center and transferred or remotely monitored depending on the severity and type of cardiovascular case.



Virtual cardiology drives results

180%

RETURN ON INVESTMENT

86%

PATIENTS KEPT IN COMMUNITY

99%

PATIENT SATISFACTION

<30 minute

RESPONSE TIME

Next, CIS began to expand with more scalable and cost-effective devices to provide sub-specialty care, such as atrial fibrillation and structural intervention. Integrated diagnostic imaging and stethoscopes allowed for pre- and post-procedures to be conducted without requiring patients to travel to higher tier care locations such as the ED.

Results

CIS discovered their telecardiology services were able to not only solve the access problem, but also provide a financial boost to partner institutions.

Increased access meant easier patient capture as well as avoided unnecessary transfers by providing adequate specialist coverage. Better access to care also ensured patients were kept within a single system for improved care continuity and substantial ROI.

Additionally, both providers and patients loved the program, with 99% of patients reporting their satisfaction with their virtual care experience.

The CIS virtual cardiology program is a shining example of how increasing access to specialists and sub-specialists through telemedicine can expand access across rural areas, manage bed capacity, ease the travel burden on sub-specialties, and improve collaboration between sub-specialists

¹CDC

²JACC, 2016

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